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Mississippi State, Mississippi 39762				

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and must identify the application in which this i ower of Attorney is to be filed.			
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignce			
Signature	Milian Mot-	Date \$-1-08	
Name	Melissa Mixon	Telephone 662-325-5009	
Title	Interim President, MSU RTC		

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